

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 — 0 1 1

2. STATE:

California

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 USC 1396u-1

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ Negligible PJO  
b. FFY 2002 \$ Negligible Jr

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Appendix A to Supplement 12, to  
Attachment 2.6 A (page 2)  
Supplement 12a to Attachment 2.6-A  
Page 5

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

No superseded pages: Add this page as new page.

10. SUBJECT OF AMENDMENT:

Income Disregard of Social Security Payment Increases Resulting From Cost-of-Living-Adjustments for Section 1931(b) Program

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: The Governor's Office does not wish to review State Plan Amendments.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Gail Margolis

14. TITLE:

Deputy Director, Medical Care Services

15. DATE SUBMITTED:

March 30, 2001

16. RETURN TO:

Department of Health Services  
714 P Street, Room 1640  
Attn: State Plan Coordinator  
Sacramento, CA 95814

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: March 30, 2001

18. DATE APPROVED:

June 7, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

[Signature]

21. TYPED NAME:

Linda Minamoto

22. TITLE:

Associate Regional Administrator  
Division of Medicaid

23. REMARKS:

METHODOLOGIES FOR TREATMENT OF INCOME THAT ARE LESS RESTRICTIVE  
THAN THOSE OF THE AFDC PROGRAM AS IT EXISTED ON JULY 16, 1996  
(More Liberal Methodologies)

A. The Section 1931 program uses the income disregards of the AFDC program as of July 16, 1996 except as follows (cont.):

11. For the period starting the first of January of each year, and extending through the last day of March of such year, a disregard from the family's Social Security Retirement, Survivors, and Disability Income (RSDI) income equal to the amount of the increase in such income resulting from the application of the annual Social Security cost-of-living-adjustment (COLA) to the family's current RSDI income.